

**CLAIMS ONLY**

**BEST AVAILABLE COPY**

**Application Number**

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5				/		
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Total Indep	15		4			
Total Depend	7	←	7	←		←
Total Claims	11		11			

	Indep	Depend	Indep	Depend	Indep	Depend
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